

QP- Qualified Provider

SABHRS- Statewide Accounting, Budgeting& Human Resource System

SSA- Social Security Administration

SURS- Service Utilization Review System, conducted by QAD staff. This review validates the billing and payment methodologies.

Service Recipient- A child receiving waiver-funded services.

Treatment Plan- This document consist of written training protocols and procedures designed to ensure quality and consistency in the training provided by the waiver-funded Children's Autism Trainer. The treatment plan may also provide guidance to others who live with or work with the child. The treatment plan is based on the training goals and objectives approved by the planning team at the IFSP meeting. The development of the treatment plan is the responsibility of the staff person providing waiver-funded Program Design and Monitoring services.

WCCM- Waiver-funded Children's Case Management (WCCM). This service is provided by a Family Support Specialist (FSS).

WL- Waiting list for waiver services.

Appendix A: Waiver Administration and Operation

- 1. State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

- ☒ **The waiver is operated by the State Medicaid agency.**

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one*):

The Medical Assistance Unit.

Specify the unit name:

(Do not complete item A-2)

- ☒ **Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

Developmental Disabilities Program of the Disability Services Division of the Department of Public Health and Human Services

(Complete item A-2-a).

The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.

Specify the division/unit name:

In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

Appendix A: Waiver Administration and Operation

2. Oversight of Performance.

- a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:
Appendix A.2. Oversight of Performance

(a) The Developmental Disabilities Program (DDP) is responsible for the design, implementation and monitoring of all activities associated with this waiver.

(b) There is no single document serving to outline the roles and responsibilities of all staff related to waiver operation. There are many documents serving to outline the responsibilities of assigned staff regarding specific aspects of the waiver, including DDP rules and policies relating directly to the operation of the waiver. DDP maintains organizational charts, individual position descriptions, and web based information serving to assist persons who need assistance in accessing information about the waiver, and the staff within the DDP who are responsible for decision making based on waiver issues. The waiver application is the authoritative document serving to outline the persons/positions responsible for ensuring all the requirements of the waiver are met; more detail regarding implementation detail is available in various DDP and provider forms, handbooks, policies, administrative directives and rules.

(c). The Medicaid Director and his/her designee are ultimately responsible for ensuring that problems in the administration of the waiver are resolved. The Medicaid Director and his/her designee are not directly involved in the day to day operational decisions of DDP staff. The Waiver Specialist and DDP Program Director share information and a copy of the waiver with the State Medicaid Director and/or his/her designee prior to the submittal of waiver renewals, amendments or new waiver applications to CMS.

- b. **Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the State. Thus this section does not need to be completed.

Appendix A: Waiver Administration and Operation

3. **Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

- ☒ **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**

Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.*

Initial and Ongoing Level of Care Activities:

Evaluation and Diagnostic (E&D) service providers under contract with the Developmental Disabilities Program establish initial eligibility for placement on the Children's Autism Waiver waiting list. Children aged 15 months through 4 years found to have ASD and who have formal training needs based on adaptive behavior assessment are considered eligible for the waiting list. Detail regarding the formal autism evaluations and adaptive behavior assessments used, and the qualifications of persons completing and interpreting these

evaluations and assessments is available in Appendix B.

DDP Quality Improvement Specialist (QIS) Staff, waiver-funded children's case managers and Mountain Pacific Quality Health Foundation (Foundation) nurses are responsible for other required level of care activities.

Brief Description of the LOC Process

Following the Department's selection of an eligible applicant from the waiting list, ongoing level of care activities for children enrolled in autism waiver services include an initial meeting with the DDP QIS, a primary care giver, the case manager (a Family Support Specialist, or FSS) and a Registered Nurse (RN) from the Foundation. LOC forms are completed to verify the recipient continues to meet current eligibility requirements for the waiver. The Foundation nurse provides a basic medical screening and the DDP QIS ensures that families understand their rights as outlined on the Waiver 5 Freedom of Choice form. Following the initial onsite level of care review, subsequent annual re-determinations of level of care do not require involvement of the RN- the RN participates at the discretion of the DDP QIS.

Contracted Case Management LOC Duties

Contracted children's case management is integral with required waiver level of care determination activities as it relates to the coordination of the initial onsite face to face visit with the family and the sharing of assessment information, as needed, to assist the DDP QIS in completing the Waiver 3 and specialized services needs forms.

All children served in the children's autism waiver receive case management from Family Support Specialists (FSSs). The FSS Children's case management is defined in Appendix C as Waiver-funded Children's Case Management. Case management staff meet the qualified provider requirements as outlined in Appendix C.

Case management contracted entities (individuals or agencies with DDP contracts, or individuals subcontracting with an OHCDs in the provision of case management services) may also provide other services to a waiver service recipient. Multiple protections designed to reduce the potential for conflict of interest in these situations follow:

1. The parents have the right to approve or deny any of the planning meeting (IFSP) outcomes.
2. The W-5 freedom of choice form is reviewed with the parents annually by the DDP QIS. This form and the W-5 addendum section helps ensure that parents understand their choices related to services, providers and dispute resolution/fair hearing rights. The W-5 form specifies that parents retain the right to request a fair hearing at any time.
3. Annual consumer satisfaction surveys are sent to all families by C&F provider staff. These results are summarized in the DDP QA Review Report. 100% of families in the CAW participate in this survey.
4. 100% of plans of care (IFSP) are reviewed and approved by the DDP QIS.
5. Choice of provider is clearly spelled out in the notification letter from the DDP central office upon an applicant's selection for waiver services.
6. C&F providers have their dispute resolution processes and protocols reviewed annually by the DDP QIS, as part of the DDP annual QA review process of provider policies. Provider policies specify that parents can go straight to the fair hearing process, if desired.
7. Prior authorization by the DDP Regional Manager will be needed in 100% of all cases when the staff person providing WCCM to a child will also be providing the PDM service to the same child. Prior to approving this arrangement, the RM or designee will contact the child's parent to ensure their service provider options are fully understood. Parental understanding of the right to choose another person to provide their PDM service, and/or to choose another individual or another agency provider to provide their PDM service or WCCM will be ensured.

Foundation Nurse LOC Duties

The DDP contracts with Mountain Pacific Quality Health Foundation (Foundation) for a registered nurse to conduct an onsite review of the child's medical status as part of an initial LOC review. An onsite meeting with the primary care giver takes place for the purpose of completing the medical portion of the initial Level of Care (LOC) review. Specifically, the nurse is responsible for completing a Waiver 1 form serving to document child-specific medical issues and the Long Term Care Patient Evaluation Abstract (LTCPEA). The LTCPEA serves as a summary of medical information and a brief medical history specific to the child. The brief medical

review may result in medical recommendations to the primary care giver and/or the child's planning team.

No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).

Appendix A: Waiver Administration and Operation

- 4. Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

☐ **Not applicable**

Applicable - Local/regional non-state agencies perform waiver operational and administrative functions.

Check each that applies:

☐ **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

Specify the nature of these agencies and complete items A-5 and A-6:

☐ **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Specify the nature of these entities and complete items A-5 and A-6:

Appendix A: Waiver Administration and Operation

- 5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

Initial and Ongoing Level of Care Functions: Roles and Responsibilities

Children referred for autism waiver services will be evaluated for eligibility in accordance with the Department's Evaluation and Diagnostic (E&D) Contracts and waiver requirements. The assessments and evaluations used to establish eligibility and the credentials of the staff that complete and/or interpret these assessments will meet the applicable qualified provider standards.

100% of E&D assessment and evaluation outcomes will be reviewed by the DDP QIS as part of the annual review process. This review process will help ensure that assessments and evaluations are completed in conformity with the requirements, and that staff involved in completing and/or interpreting the assessment/evaluation results are credentialed in accordance with the applicable standards, as outlined in contract and waiver requirements.

Case management services in the children's autism waiver services are reviewed against the performance requirements outlined in the Developmental Disabilities Program (DDP) quality assurance review tools specific to children's case management. The assigned case management level of care activities include scheduling and participating in the initial LOC home visits.

Appendix A: Waiver Administration and Operation

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[illegible]

Function	Medicaid Agency	Contracted Entity
Participant waiver enrollment	✓	
Waiver enrollment managed against approved limits	✓	
Waiver expenditures managed against approved levels	✓	
Level of care evaluation	✓	
Review of Participant service plans	✓	
Prior authorization of waiver services	✓	
Utilization management	✓	
Qualified provider enrollment	✓	
Execution of Medicaid provider agreements	✓	
Establishment of a statewide rate methodology	✓	
Rules, policies, procedures and information development governing the waiver program	✓	
Quality assurance and quality improvement activities	✓	

Appendix A: Waiver Administration and Operation

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i. Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

The RN will meet with the child's primary care giver within 30 days of the waiver enrollment date and will complete the required nursing LOC forms (Waiver 1 and the LTCPEA). The numerator is the number of children having medical forms dated within 30 days of waiver entry. The denominator is the number of initial onsite level of care reviews due for children during the review period.

Data Source (Select one):

Other

If 'Other' is selected, specify:

1. The DD-55 form documenting the child's waiver enrollment date. 2. The Waiver 1 Medical needs form. 3. The Long Term Care Patient Evaluation Abstract (LTCPEA) form.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

E&D contractor eligibility outcomes will be reviewed by the DDP QIS to ensure that waiver eligibility outcomes meet the applicable scoring criteria. This standard applies to children found eligible and not eligible. The numerator is the sum of children seeking services with E&D eligibility outcomes in compliance with the criteria. The denominator is the number of all children seeking services.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Review of screening results and evaluation results in conjunction with the applicable scoring criteria.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

A case manager will participate in the initial LOC home visit with the Foundation Nurse and the DDP QIS within 30 days of the child's enrollment date. The numerator is the number of initial LOC home visits in compliance with this standard. The denominator is the number of children requiring initial LOC meetings during the

review period.

Data Source (Select one):

Other

If 'Other' is selected, specify:

DD 55 for verification of waiver enrollment date. Date of home visit and documentation of case manager participation.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

E&D staff scoring or interpreting screening assessments and/or evaluation tools and/or rendering eligibility determination outcomes are credentialed in accordance with the applicable standards. The numerator is the number of eligibility outcomes in compliance with the staff credentialing standards. The denominator is the number of children seeking autism waiver services during the review period.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Record reviews on site or off site

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

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Performance Measure:

Case managers involved in the initial onsite level of care process meet the qualified provider requirements. The numerator is the number of meetings in which the participating case manager is credentialed in accordance with waiver language. The denominator is the total number of initial onsite LOC meetings held for the review period.

Data Source (Select one):**Other**

If 'Other' is selected, specify:

Case Managers- review of documentation verifying status as a certified Family Support Specialist.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually

	Continuously and Ongoing
	Other Specify: _____

Performance Measure:

The E&D contractor will give parents seeking autism waiver services an eligibility determination outcome for their child within 90 days of the referral request. The numerator is the number of referrals or requests for an eligibility determination with outcomes generated within 90 days. The denominator is the sum of all referrals/requests for children's autism waiver services.

Data Source (Select one):**Other**

If 'Other' is selected, specify:

Review of E&D records, either on site or offsite.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = _____
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: _____
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: _____
	<input type="checkbox"/> Other Specify: _____	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually

	Continuously and Ongoing
	Other Specify: _____

Performance Measure:

The Foundation nurses involved in the initial onsite level of care process meet the qualified provider requirements. The numerator is the number of meetings in which the participating Foundation nurse is credentialed in accordance with waiver language. The denominator is the total number of initial onsite LOC meetings held for the review period.

Data Source (Select one):**Other**

If 'Other' is selected, specify:

Documentation supporting current licensure as a Registered Nurse

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: _____
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: _____
	<input type="checkbox"/> Other Specify: _____	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly

Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	Other Specify:

Performance Measure:

The E&D contract and waiver language defines the E&D eligibility determination process and helps ensure valid and reliable eligibility determination outcomes statewide. The numerator is the number of referral outcomes in which the assessments and evaluations administered are in compliance with applicable standards and timeframes. The denominator is the sum of eligibility outcomes.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Record reviews, on site and off site

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

Sub-State Entity	Quarterly
Other Specify:	<input checked="" type="checkbox"/> Annually
	Continuously and Ongoing
	Other Specify:

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The DDP Waiver Specialist, or designee, is responsible for aggregating the data generated by the DDP QIS in the monitoring of the performance standards, above. Data will be maintained as a percentage of annual compliance with these measures. Performance data will be forwarded electronically by the DDP QIS to the DDP Waiver Specialist at least annually, and the data will be entered onto a spreadsheet. Annual percent compliance with the performance measures will enable reviewers to determine compliance trends. Problem areas would result in the DDP Waiver Specialist notifying the entities responsible for performance compliance.

The identification of problems in the delivery of contracted services is generally the result of the application of the DDP QA review process. The annual QA Review Process is applied by the DDP QIS to providers of direct client services, case management, Foundation nurse services and evaluation and diagnostic services. The QA review process is updated at least annually to include measures designed to monitor compliance with new waiver requirements, policies, rules, or contracting requirements.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The delivery of direct client services by DDP-funded agencies with a DDP contract is subject to annual quality assurance reviews by DDP field staff. In general, identified problems are resolved via the application of the Quality Assurance Observation Sheet (QAOS). This form requires short turn around times and negotiated timeframes for resolution of problems. At such time the problem is resolved, the QAOS sheet has been signed and dated by both parties and the finding is considered closed. This document becomes part of the permanent QA record and is maintained by the provider, the DDP field office and the DDP central offices.

The annual DDP QA reviews are reviewed by the executive directors of the provider agencies, the agency board chairpersons, the assigned DDP regional managers, the DDP bureau chiefs, the DDP Quality Assurance Specialist and a DDP Waiver Specialist. The QA review results are also posted on the DDP website. Given the level of scrutiny and followup by assigned provider agency and DDP staff, many significant issues in the service delivery system are identified and resolved in a timely manner. The Quality Assurance Observation Sheet (QAOS) is the primary document used to verify closure of significant findings resulting from the QA review process. These documents are maintained as part of the permanent QA record.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input checked="" type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly

Other Specify:	<input checked="" type="checkbox"/> Annually
	Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

No

☒ Yes

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

The QA process used to evaluate DDP-funded service providers will yield the numerical data needed for statewide data aggregation and trend analysis. The incorporation of numerators and denominators to enable the tracking of the percentage compliance with individual performance measures will begin effective with the first QA review of Children's Autism Waiver service providers. Numerical data reflecting compliance with the performance measures will be collected, and the initial QA review for all providers of Children's Autism Waiver services will be completed within a year of the first child being served by the provider.

Appendix B: Participant Access and Eligibility**B-1: Specification of the Waiver Target Group(s)**

- a. Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to a group or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301(b)(6), select one waiver target group, check each of the subgroups in the selected target group that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
Aged or Disabled, or Both - General					
	<input type="checkbox"/>	Aged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Physical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aged or Disabled, or Both - Specific Recognized Subgroups					
	<input type="checkbox"/>	Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Medically Fragile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Technology Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mental Retardation or Developmental Disability, or Both					
	<input checked="" type="checkbox"/>	Autism	1	4	<input type="checkbox"/>
	<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>